**When should babies first eat the foods which parents worry about?**

Parents often delay introducing allergens like peanut when weaning their babies. However, the LEAP study, published in 2015, showed that early peanut intake prevents peanut allergy (and only peanut allergy). In 2018, the Scientific Advisory Committee on Nutrition updated government feeding advice: infants could have peanut, egg, and other allergens from around 6 months, and delay can increase risk of allergy.

**Infants with a known risk factor for food allergy:**
- Eczea*
- Existing food allergy in your baby

Avoid any foods the baby is known to be allergic to

**Infants with a household member with food allergy**

Consider how to introduce the food into the baby's diet while keeping the food-allergic person safe.

Some families may benefit from reassurance from an allergy specialist but this should not delay introduction of allergenic foods.

**Infants with no risk factors for food allergy**

When the baby is ready, introduce solid foods at around 6 months of age (but not before 4 months). Include peanut, egg and other foods* that are eaten as part of the family’s normal diet.

Screening allergy tests are not routinely recommended prior to introducing solids.

- Common foods which can cause food allergy include: egg, peanut and other nuts, dairy foods, fish/shellfish and wheat.

The UK health departments advise that breastfeeding should continue throughout the first year of life, at the same time as introducing solid foods.

*Some infants will already be allergic to these foods: infants with moderate/severe eczea are at greatest risk. In 2018, no life-threatening reactions have been reported in this context. Allergic tests can help identify individual infants at higher risk, but systematically screening all infants with moderate/severe eczea is not currently available in most areas and may not be effective. Families may wish to seek advice from a healthcare professional with expertise in allergy. This should not delay introduction of common allergenic foods beyond 12 months of age.

A child presents with a rash after attending a party. Is it allergy?

Using an EATERS history to help with diagnosis.

Dr Helen Egan, a paediatric registrar who has recently done an RCPCH Paediatric Allergy Training (PAT) course, showed me the EATERS mnemonic for taking a food allergy history which comes from the Southampton allergy team.

The story is familiar: a parent comes to you asking for help because their 4-year-old child developed a rash after attending a party where they might have eaten peanuts.

I’ve plugged in the EATERS questions and answers on the left and just a very few questions help the doctor move away from allergy being the cause.

In this case the child had had a cold a few days earlier and the most likely cause is post-viral rash needing no intervention, tests nor referral.

Urticaria triggered by food rarely lasts as long as this, and rarely affects the whole body. Parents (and doctors too at times!) may make the assumption that rash, especially urticaria/hives MUST equal allergy, and I often hear the term “allergy rash”. But common as allergy is, many things can trigger release of histamine from the skin.

EATERS works equally well for IgE (immediate-type) allergy AND non-IgE, such as non-IgE cows milk protein intolerance.

Children often get sick, often get prescribed amoxicillin, and often get a rash. They then get labelled with penicillin allergy, with life-long consequences in terms of antibiotic choices. The mnemonic “SOAP III” from AllergyGoAway.com is useful, and the NICE guideline on drug allergy has a good list on what to document. The bottom line is, if there is a rash (macular, popular or morbilliform) without systemic upset which occurs a few days into or after starting penicillin/amoxicillin, then it is reasonable not to label this as allergy and offer it again in the future.

Common food allergens in children – a visual guide

Milk and egg are the most common in infancy, but also the most common for children to outgrow. Soy and wheat allergies affect only 1%. Perhaps surprisingly, milk is the most common cause of anaphylaxis in under 5s. Fish allergy can be very troublesome, especially in combination with asthma.

**Food allergy PLUS asthma?**

Prescribe an adrenaline autoinjector device.

**Tips on verifying penicillin allergy**

- **Sensitivity:** A patch test is not sensitive enough.
- **Challenge test:** An oral challenge is safe, but expensive.
- **Specific IgE:** Not sensitive enough.
- **IgG:** Not sensitive enough.
- **Skin test:** An intradermal test is not reliable.
- **Serum:** A positive IgE result can give a false positive.

Further resource: “Tips on verifying penicillin allergy” from HSE Ireland.